

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
PO Box 299 Trenton, New Jersey 08625-0299

R E S O L U T I O N

A **RESOLUTION** to elect a premium delay option as selected below.

- ☐ One month delay (initial election)
- ☐ Two month delay (initial election)
- ☐ Add additional one month delay for a maximum premium delay of two months
(for locations that have previously adopted a one month premium delay)

BE IT RESOLVED:

The _____
Name of Employer - County - SHBP #

hereby resolves to exercise its premium delay option under the SHBP as selected above, commencing
with the _____ premium.

We understand that, should our group elect to terminate SHBP participation sometime in the future or the Program ceases to exist, any delayed premiums will become due and payable immediately. We understand that this premium delay shall take effect 60 days following receipt of this resolution by the State Health Benefits Commission.

We understand, in accordance with N.J.S.A. 17:9-5.3(b), that full payment of health benefit charges must be received on or before the due date printed on the bill and that interest shall be applied to the total transmittal of health benefit charges from the day following the due date until the day payment is received.

***I hereby certify that the foregoing is a true and correct
copy of a resolution duly adopted by the***

Name of Employer

on the _____ day of _____, 20_____.

Signature

Official Title